



# Governor Dan McKee's Overdose Task Force

## December 14, 2022

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**Ana Novais**, MA; Acting Secretary, Rhode Island Executive Office of Health and Human Services

**Richard Charest**, MBA; Director, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals

**Thomas Joyce**, LCDP, CPRS; Task Force Community Co-Chair

**Cathy Schultz**, MPH; Task Force Director, Rhode Island Executive Office of Health and Human Services

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# Welcome and Announcements

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# Task Force Work Groups

Learn more and view all meeting schedules at [PreventOverdoseRI.org/task-force-work-groups](https://PreventOverdoseRI.org/task-force-work-groups)

Work Group	State Agency Co-Chair	Community Co-Chair
<b>Prevention</b>	<a href="#">Tara Cooper</a> (RIDOH) <a href="#">Elizabeth Farrar</a> (BHDDH)	<b>Obed Papp</b> City of Providence Healthy Communities Office
<b>Rescue</b>	<a href="#">Jennifer Koziol</a> (RIDOH)	<b>Michelle McKenzie</b> , Preventing Overdose and Naloxone Intervention (PONI)
<b>Harm Reduction</b>	<a href="#">Katharine Howe</a> (RIDOH)	<b>Katelyn Case</b> , AIDS Care Ocean State (ACOS)
<b>Treatment</b>	<a href="#">Linda Mahoney</a> (BHDDH)	<b>Dr. Susan Hart</b>
<b>Recovery</b>	<a href="#">Candace Rodgers</a> (BHDDH)	<b>George O'Toole</b> , East Bay Recovery Center
<b>First Responder</b>	<a href="#">Michelle Calouro</a> (RIDOH)	<b>Chief John Silva</b> , North Providence Fire Department
<b>Racial Equity</b>	<a href="#">Monica Tavares</a> (RIDOH)	<b>Dennis Bailer</b> , Project Weber/RENEW <b>Alexis Morales</b> , Project Weber/RENEW
<b>Substance-Exposed Newborns</b>	<a href="#">Margo Katz</a> (RIDOH) <a href="#">Kristy Whitcomb</a> (RIDOH)	<b>Michelle Sherman</b> , South County Home Health First Connections Program
<b>Family Task Force</b>	<a href="#">Trisha Suggs</a> (BHDDH)	<b>Laurie MacDougall</b> , Resources Education Support Together (REST) Family Program at Rhode Island Community for Addiction Recovery Efforts (RICARES)

# Task Force Work Groups

Learn more and view all meeting schedules at [PreventOverdoseRI.org/task-force-work-groups](https://PreventOverdoseRI.org/task-force-work-groups)

Work Group	Meets	Next Mtg	Meeting Details
<b>Prevention:</b> <a href="mailto:Tara.Cooper@health.ri.gov">Tara.Cooper@health.ri.gov</a> <a href="mailto:Elizabeth.Farrar@bhddh.ri.gov">Elizabeth.Farrar@bhddh.ri.gov</a>	<b>Monthly</b> 1 <sup>st</sup> Tues., 1 p.m.–2:30 p.m.	Jan 3	<b>Join Zoom Meeting</b> <a href="https://zoom.us/j/94436323722">https://zoom.us/j/94436323722</a> Meeting ID: 944 3632 3722 Dial In: 646-558-8656 Passcode: PSWG
<b>Rescue:</b> <a href="mailto:Jennifer.Koziol@health.ri.gov">Jennifer.Koziol@health.ri.gov</a>	<b>Every Other Month</b> 2 <sup>nd</sup> Thurs., 10 a.m.–11:30 a.m.	Feb 9	<b>Join Zoom Meeting</b> <a href="https://us06web.zoom.us/j/92263356004">https://us06web.zoom.us/j/92263356004</a> Meeting ID: 922 6335 6004 Dial In: 646-558-8656 Passcode: RWG
<b>Harm Reduction:</b> <a href="mailto:Katharine.Howe@health.ri.gov">Katharine.Howe@health.ri.gov</a>	<b>Monthly</b> 2 <sup>nd</sup> Tues., 1 p.m.–2:30 p.m.	Jan 10	<b>Microsoft Teams</b> <a href="#">Click here to join the meeting</a> (audio only) +1 401-437-4452,,351888385# US, Providence Phone Conference ID: 351 888 385#
<b>Treatment:</b> <a href="mailto:Linda.Mahoney@bhddh.ri.gov">Linda.Mahoney@bhddh.ri.gov</a>	<b>Monthly</b> 1 <sup>st</sup> Tues., 10:30 a.m.–11:30 a.m.	Jan 3	<b>Microsoft Teams</b> <a href="#">Click here to join the meeting</a>
<b>Recovery:</b> <a href="mailto:Candace.Rodgers@bhddh.ri.gov">Candace.Rodgers@bhddh.ri.gov</a>	<b>Monthly</b> 3 <sup>rd</sup> Wed., 10:30 a.m.–Noon	Dec 21	<b>Microsoft Teams</b> <a href="#">Click here to join the meeting</a>
<b>First Responder:</b> <a href="mailto:Michelle.Calouro@health.ri.gov">Michelle.Calouro@health.ri.gov</a>	<b>Every Other Month</b> 3 <sup>rd</sup> Thurs., 10 a.m.–11:30 a.m.	Dec 15	<b>Microsoft Teams</b> <a href="#">Click here to join the meeting</a>
<b>Racial Equity:</b> <a href="mailto:Monica.Tavares@health.ri.gov">Monica.Tavares@health.ri.gov</a>	<b>Monthly</b> Last Thurs., 10 a.m.–11-30 a.m.	Jan 26	<b>Join Zoom Meeting</b> <a href="https://us06web.zoom.us/j/88476577768">https://us06web.zoom.us/j/88476577768</a> Meeting ID: 884 7657 7768 Dial In: 646-558-8656 Passcode: 790836
<b>Substance-Exposed Newborns:</b> <a href="mailto:Margo.Katz@health.ri.gov">Margo.Katz@health.ri.gov</a> <a href="mailto:Kristy.Whitcomb@health.ri.gov">Kristy.Whitcomb@health.ri.gov</a>	<b>Monthly</b> 2 <sup>nd</sup> Tues., 2 p.m.–3 p.m.	Jan 10	<b>Microsoft Teams</b> <a href="#">Click here to join the meeting</a> (audio only) +1 401-437-4452,,189953277# United States, Providence (833) 201-5833,,189953277# United States (Toll-free)
<b>Family Task Force:</b> <a href="mailto:Trisha.Suggs@bhddh.ri.gov">Trisha.Suggs@bhddh.ri.gov</a>	<b>Monthly</b> 2 <sup>nd</sup> Tues., 6 p.m.–7:30 p.m.	Jan 10	<b>Join Zoom Meeting</b> <a href="https://us02web.zoom.us/j/8467337054">https://us02web.zoom.us/j/8467337054</a>

# Overdose Fatality Review Team Recruitment



**The Overdose Fatality Review Team (OFR) is in the process of recruiting new team members starting in 2023.**

**Potential vacancies include:**

- Family medicine or primary care physician
- Addiction medicine physician
- Clinical Director from an MOUD program
- Behavioral health clinician currently working with individuals with SUD
- Community health worker (CHW) currently working with individuals with SUD
- Peer recovery specialist currently working in a hospital emergency department
- Case manager currently working with individuals with SUD
- Representative from a local prevention coalition
- Local law enforcement officer
- Local Emergency Medical Services (EMS) provider

Please contact Heather Seger at [Heather.Seger@health.ri.gov](mailto:Heather.Seger@health.ri.gov) by December 21, 2022



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## Overdose Data Council

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Macy Daly, MPA; BHDDH  
Benjamin Hallowell, PhD, MPH; RIDOH  
Rebecca Lebeau, PhD, MPH; EOHHS



# Task Force Historical Plan and Metrics

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2016 Action Plan

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# Rhode Island's Action Plan, 2016

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- **Prevention:** Take aggressive measures to improve patient safety and better monitor opioid use through the Prescription Drug Monitoring Program.
- **Rescue:** Ensure access to naloxone.
- **Treatment:** Expand the quality and availability of medications for opioid use disorder (MOUD).
- **Recovery:** Expand access to peer-recovery services and MOUD.



# Pillar Metrics

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## Prevention

- High risk prescribing behavior
- Prescription Drug Monitoring Program (PDMP) registrations

## Rescue

- Naloxone distribution

## Treatment

- Individuals receiving medications for opioid use disorder (MOUD)
- Long-term engagement

## Recovery

- Certified Peer Recovery Support Specialists

# Non-Pillar Metric Examples

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## Data Sources:

- Fatal overdoses
- Non-fatal overdoses
- Prescribing behavior
- Harm reduction services provided
- Harm reduction practices
- Non-MOUD Treatment

## Changes by:

- Age
- Sex
- Gender
- Substances used
- Location
- Mapping/overdose heat maps

# Snapshot of Current Measures

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# See the Data on PreventOverdoseRI.org

Learn About Fentanyl. Test Your Drugs.  
Conozca el Fentanilo. Hágales Una Prueba a Sus Drogas.



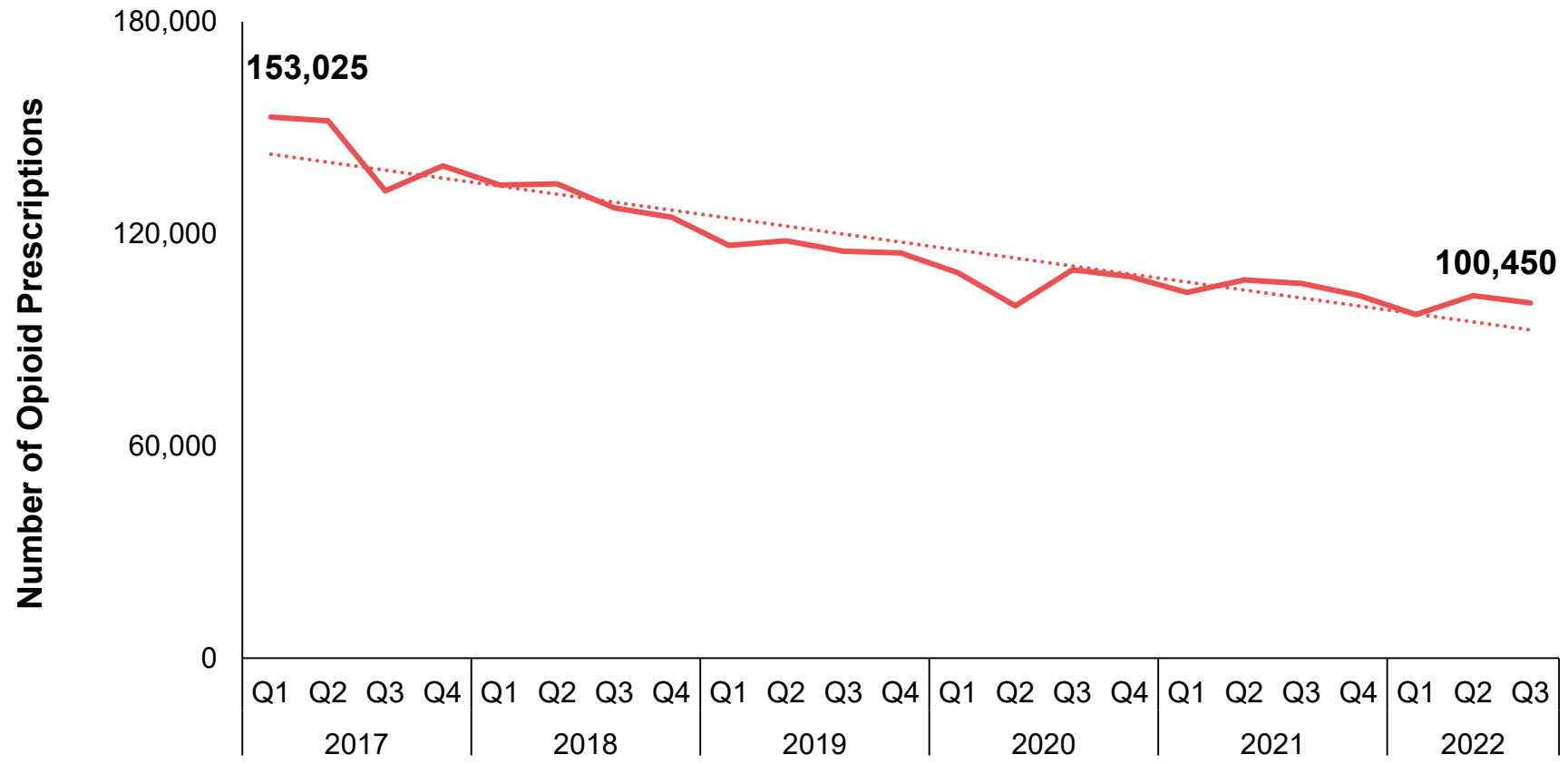
Get Help EN ES PT ... 🔍

**COVID-19** About Learn More Prevent An Overdose **See The Data** Find Resources Get Involved Languages

- Emergency Response Data
- Medications For Opioid Use Disorder (MOUD) Data
- Naloxone Data
- Opioid Prescribing Data
- Overdose Deaths
- Race & Ethnicity
- Track Our Action Plan

# Number of Prescription Opioids Dispensed, 2017-2022\* (Prevention)

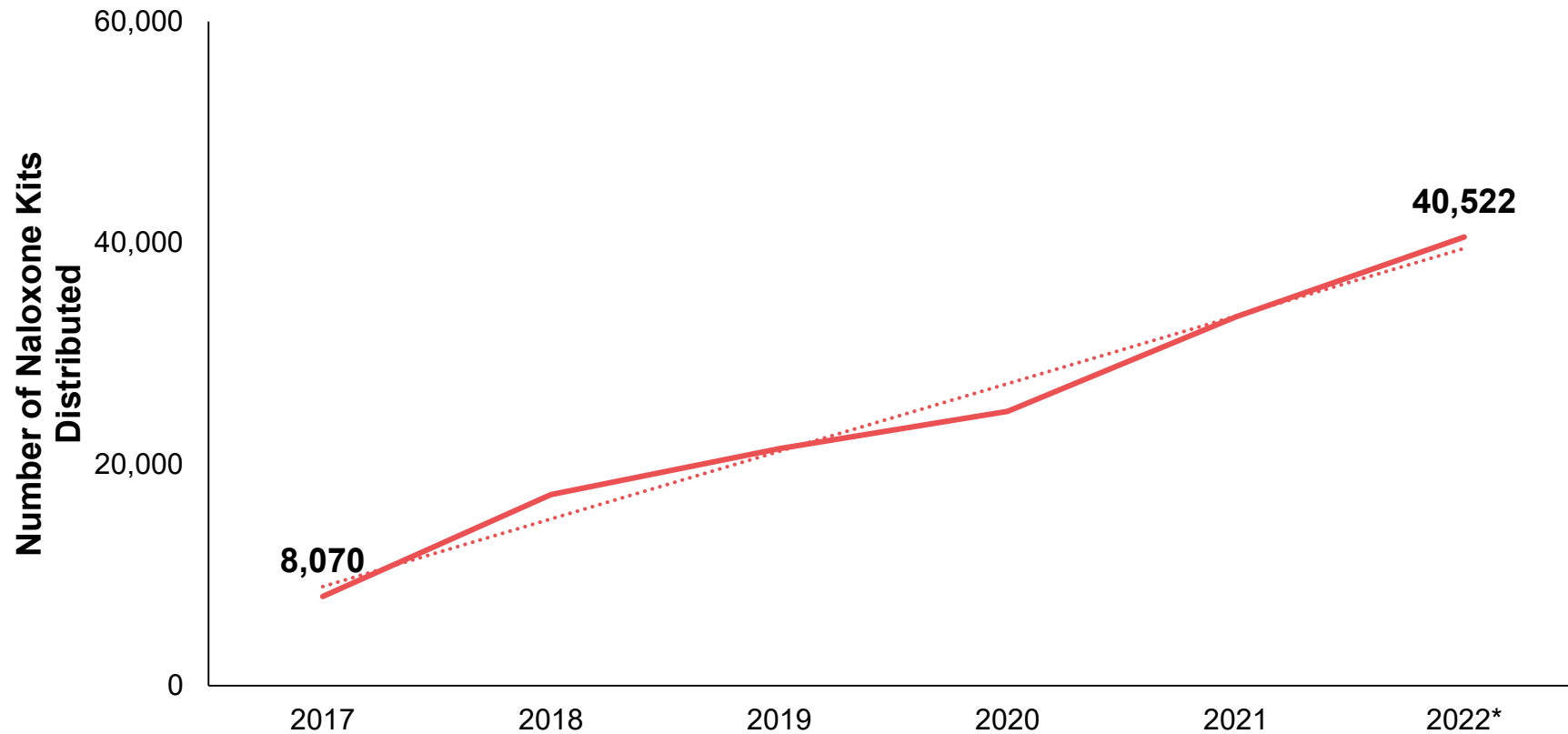
Prescription opioids dispensed by quarter **decreased 34%**,  
from Q1 of 2017 to Q3 of 2022.



Source: Prescription Drug Monitoring Program (PDMP) Data is only available until September 2022. Up to date always available online [here](#)

# Number of Naloxone Kits Distributed, 2017-2022\* (Rescue)

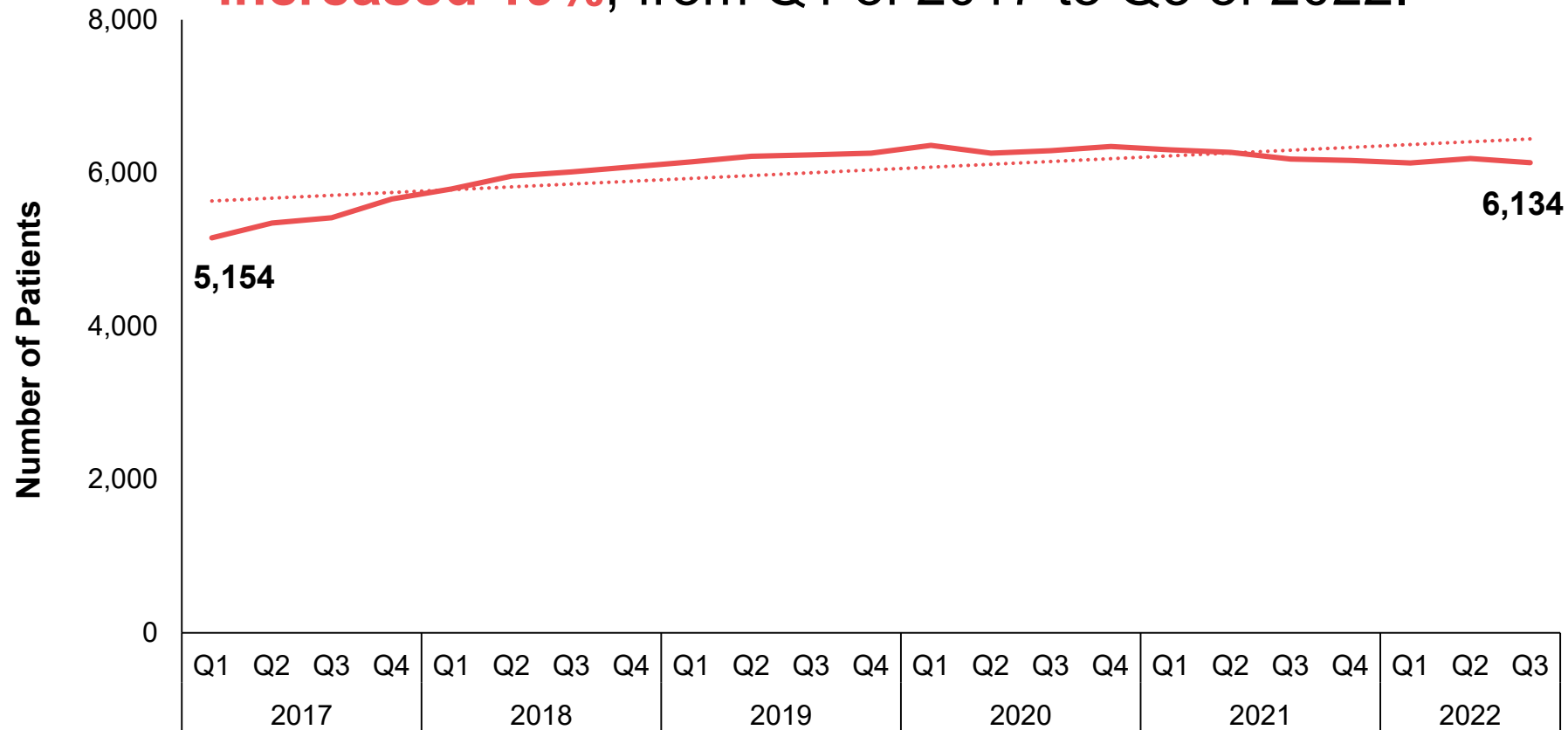
The number of naloxone kits distributed in Rhode Island by year **increased 402%**, from 2017 to September of 2022.



Source: Prescription Drug Monitoring Program (PDMP); Rhode Island Naloxone Distribution Dataset. Data is only available until September 2022. Prior to November 2017, all pharmacy naloxone data was collected from individual pharmacies. Starting in November 2017, all pharmacy naloxone data has been collected through the PDMP. Up to date always available online [here](#).

# Number of Patients Receiving Buprenorphine for Opioid Use Disorder (OUD) 2017-2022\* (Treatment)

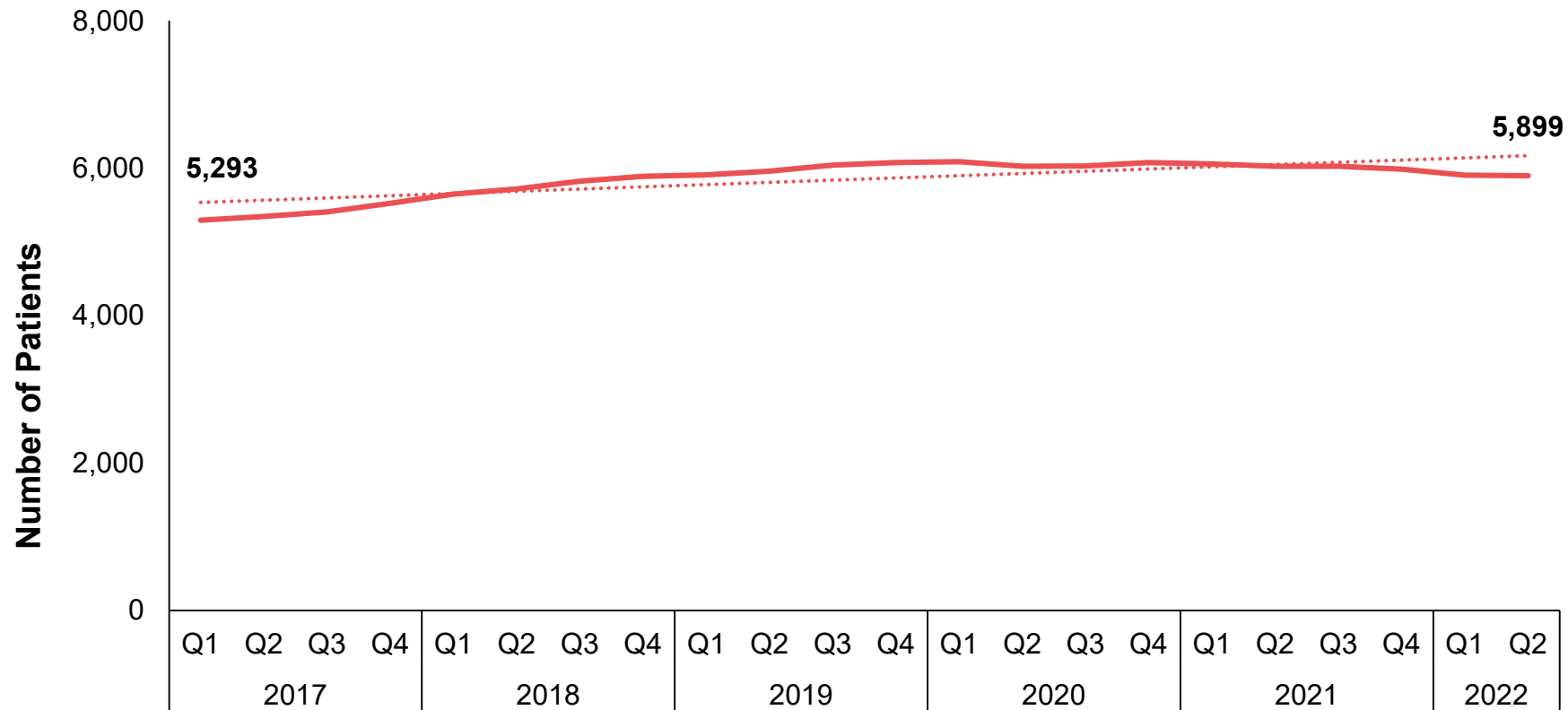
The number of patients receiving buprenorphine each quarter **increased 19%**, from Q1 of 2017 to Q3 of 2022.



Source: Prescription Drug Monitoring Program (PDMP) Data is only available until September 2022. Up to date always available online [here](#).

# Number of Patients Actively Receiving Methadone 2017-2022\* (Treatment)

The number of patients receiving methadone each quarter **increased 11%**, from Q1 of 2017 to Q2 of 2022.



Source: Rhode Island Behavioral Health Online Database. Data is only available until June of 2022. Up to date always available online [here](#).



# Next Steps



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**2021 Evidence Update**

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# Future Focus Based on the 2021 Evidence Update

*Cross-cutting focus on closing **Racial Equity** gaps.*

## **Prevention**

- Include strategies to address trauma and disparities

## **Rescue**

- Naloxone distribution

## **Harm Reduction**

- Vending machines
- Mobile outreach

## **Treatment**

- Individuals receiving MOUD
- Long-term engagement

## **Recovery**

- Certified Peer Recovery Support Specialists

# Next Steps

- **Create an inventory** that includes all statewide programs related to substance use disorder.
- **Redefine original Task Force metrics** to align with updated, evidence-based research.
- **Introduce new metrics** which align with the State's strategy as well as current programs and funding sources.
- **Continue to promote the availability of Rhode Island's online overdose data** sources including [PreventOverdoseRI.org](https://PreventOverdoseRI.org) and [RIDOH's Drug Overdose Surveillance Data Hub](#).
- **Receive feedback from you!**



[Click Here](#)  
[to Complete the Feedback Survey](#)

# **Year End Review: Highlights from the Task Force Strategic Plan**

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**Prevention | Rescue and Harm Reduction  
Treatment | Recovery**

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# Prevention Highlights

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**Rhode Island  
Regional Coalitions**  
*Prevention and Health Promotion for Life.*



# Prevention Pillar

**December 14, 2022**

**Presented by Heidi Driscoll, Regional Director  
South County Prevention Coalition**



**Rhode Island  
Regional Coalitions**  
*Prevention and Health Promotion for Life.*



**The use of affirming language inspires hope.**

**LANGUAGE MATTERS.  
Words Have Power.  
People First.**

**The Rhode Island Regional Coalitions use affirming language to promote the application of evidence-based and culturally informed practices.**





## Primary Substance Prevention

Delivered **prior** to the onset of a diagnosis, interventions intended to **prevent** or reduce the risk of developing a behavioral health problem: underage alcohol use, prescription drug misuse, and illicit drug use.

Strategies:

**Universal** – reaches entire population, without regard to individual risk factors.

**Selective** - target subgroups at risk for substance use.

**Indicated** - identifies individuals who are experiencing early signs of substance abuse and target them with special programs.



## **Environmental Strategies**

Prevention efforts aimed at changing community conditions, standards, institutions, structures, systems and policies

**Enhance access/reduce barriers** —Improving systems and processes to increase the ease, ability and opportunity to utilize systems and services

**Change consequences** (incentives/disincentives)—Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences

**Change physical design**—Changing the physical design of the environment to reduce risk or enhance protection

**Modify/change policies**—Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures.



## Scope of Work: State Opioid Response (SOR) Grant

Reduce opioid and stimulant use disorder and overdose

### **Intermediate outcome:**

reduce past 30-day use of opioids and stimulants among youth and young adults.

### **Short-term outcome:**

increase perception of risk or harm associated with opioid and stimulant use by 5%.

reduce percent of HS students reporting it would be easy for them to obtain prescription drugs (23% on the 2022 RI Student Survey).

*RI Young Adult Survey & RI Student Survey* will serve as evaluation tools  
Both are administered every other year to 18-25 year-olds and middle/high school students respectively



## State Opioid Response Programs and Activities

**Working with Universities:** CCRI, NEIT, URI, RIC, Bryant University

### *In Shape*

evaluated with funding from the Natl Institutes of Health (NIH), and is on Natl Registry of Evidence-based Programs & Practices (NREPP)

- ✓ Identify wellness enhancing behaviors, along with drug use habits that interfere with reaching wellness r goals and positive self-images
- ✓ Become aware of positive wellness images and desired images in the future
- ✓ Make a commitment to set goals to increase wellness behaviors, while avoiding substance use




## State Opioid Response Programs and Activities

**Working with Universities:** CCRI, NEIT, URI, RIC, Bryant University

*Prevention Plus Wellness* promising practice on national registries

**Opioid  
Prevention Plus  
Wellness**

A group photograph of approximately 12 men of diverse backgrounds, smiling and posing together in a professional setting.

**Opioid Use Disorder Prevention Program  
Promoting Wellness for High Risk Men**

Prevention Plus Wellness, LLC  
904-872-5022  
<http://preventionpluswellness.com/>  
©All Rights Reserved, 2019

To improve physical, mental, and spiritual well-being of college students by connecting positive health habits with the avoidance of risky alcohol, tobacco, marijuana, and other drug use



## State Opioid Response Programs and Activities

### Working with High Schools:

#### *Substance-Free Athletics*

- ✓ *Target* high school athletes, coaches, and parents.
- ✓ Science-based education about marijuana, alcohol, and nicotine on the athlete's body, mind, and performance
- ✓ Update school policies



**SUBSTANCE-FREE  
ATHLETICS** IN PARTNERSHIP  
WITH MADD®



## State Opioid Response Programs and Activities

### Multiprong approach:

Stand up hand sanitizers, charging stations with Opioid/Adderall prevention messaging

Education around counterfeit pills and fentanyl

Geofencing to target students

Narcan trainings on campus and residence halls





**Rhode Island  
Regional Coalitions**  
*Prevention and Health Promotion for Life.*



**Prevention Works!**

**Thank you!**

**[riprevention.org](http://riprevention.org)**

**Heidi Driscoll, Regional Director  
South County Prevention Coalition**

**[hdriscoll@risas.org](mailto:hdriscoll@risas.org)**





# Rescue and Harm Reduction Highlights

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# Woonsocket Mobile Outreach

**Christa Thomas-Sowers**

**Community Outreach Coordinator**

**Community Care Alliance**

# History of Woonsocket Mobile Outreach

- Made possible by support from Community Overdose Engagement (CODE) and Health Equity Zone (HEZ) collaboration and has continued to thrive due to support from numerous community partners: BVPC, Thundermist, Landmark, Discovery House, Parent Support Network (PSN), Milagros Project, AIDS Care Ocean State (ACOS), Project Weber/RENEW, Preventing Overdose and Naloxone Administration (PONI), and MORE! Harm Reduction is rooted in community.
- Have distributed over 4,000+ naloxone kits and counting since outreach began in April of 2019.
- Focus on connecting people who use drugs with strategies to improve health outcomes, prevent fatal overdose, and meet basic survival needs.



# Woonsocket Mobile Outreach



# Expansion of Mobile Outreach

- With support from the Rhode Island Department of Health (RIDOH), we are expanding our team!
- Adding team members to maximize engagement within the community, and use data driven approaches to inform our outreach efforts.
- Hotspots – Particularly useful for Woonsocket due to high instance of overdoses occurring in private settings.
- Opioid Settlement Funding – Money for basic needs, survival items, or treatment support with a focus on people with OUD, and those who have been directly impacted by this deadly epidemic.
- Expanding and funding outreach efforts is paramount to the continuation of this life saving work – it is imperative that we continue to encourage a compassionate approach to the overdose epidemic.

# Safe Haven

- Supported by funding from BHDDH
- Opened February 2021
- Currently serving 50-96+ people daily
- Have connected with 756 unduplicated visitors
- Harm reduction focus – respect autonomy!
- Peer-led team – center people with lived experience
- Meet basic needs, provide peer support, Narcan, needles, safer smoking kits, condoms, and other harm reduction materials.
- Referrals to treatment, primary care, and additional supports as needed.
- Brick and mortar space to accommodate daily needs, build relationships, provide some level of safety/stability for unhoused community members



# Carlos' Story

My story begins 8 years ago, when the woman I loved more than life its self broke my heart and left me for a so called friend. I was going through so much I needed to use drugs to numb the pain. I lost not only my family but also myself. I became homeless. I heard about this place called Safe Having this place has nurses Counselors, doctors and many more important people that I can go to for help, and so I did cause I felt powerless do to these drugs. I was sick and tired of being sick and tired so I walked in and spoke about it to my counselor Daniel and Crysta they suggested to help me by finding out how they were going to get me to go to a treatment facility. These people help me get a nurse a doctor a counselor and a psychiatrist and they also talked me in to going to B.H links

and so I did. B.H links sent me to A.S.U witch is something like a hospital. A place for someone to detox. I was there for about 4 to 6 days, then A.S.U have decided to send me to a treatment facility located in Pawtucket called the Wilson House. I'm here now going on 3 months clean and I just couldn't be more grateful. So I want to thank Safe Having from the bottom of my heart for everything They've done for me even though I don't know how to thank them. If ever I relaps safe Having would the place I'd go to with no regrets. So ty safe Having for your help Love you guys.

☺

11-30-22

# Recovery is... “the best thing that has ever happened to me.” – Cecelia Alston



- Recovery is possible – and there are many roads one can take to get there.
- We must continue to adequately fund frontline programs and reinforce systems of community support. The work of connecting people to resources is only effective when adequate resources exist.
- People we lose to overdose do not get the chance to recover – every life saved is another story that doesn't end before it's supposed to.



# Treatment Highlights

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## TREATMENT WORK GROUP STRATEGY

- Increase access to opioid use disorder (OUD) treatment, including **all** forms of FDA-approved medications to treat OUD.

Free Teva Buprenorphine

Share knowledge of the Buprenorphine Hotline

**401-606-5456**

- Utilize evidence-based strategies to increase the effectiveness of treatment services.

Advancing Contingency Management at all OTP's

- Increase the number of trained DATA-waivered prescribers and increase the workforce.

No-cost training: [cme-learning.brown.edu](https://cme-learning.brown.edu)

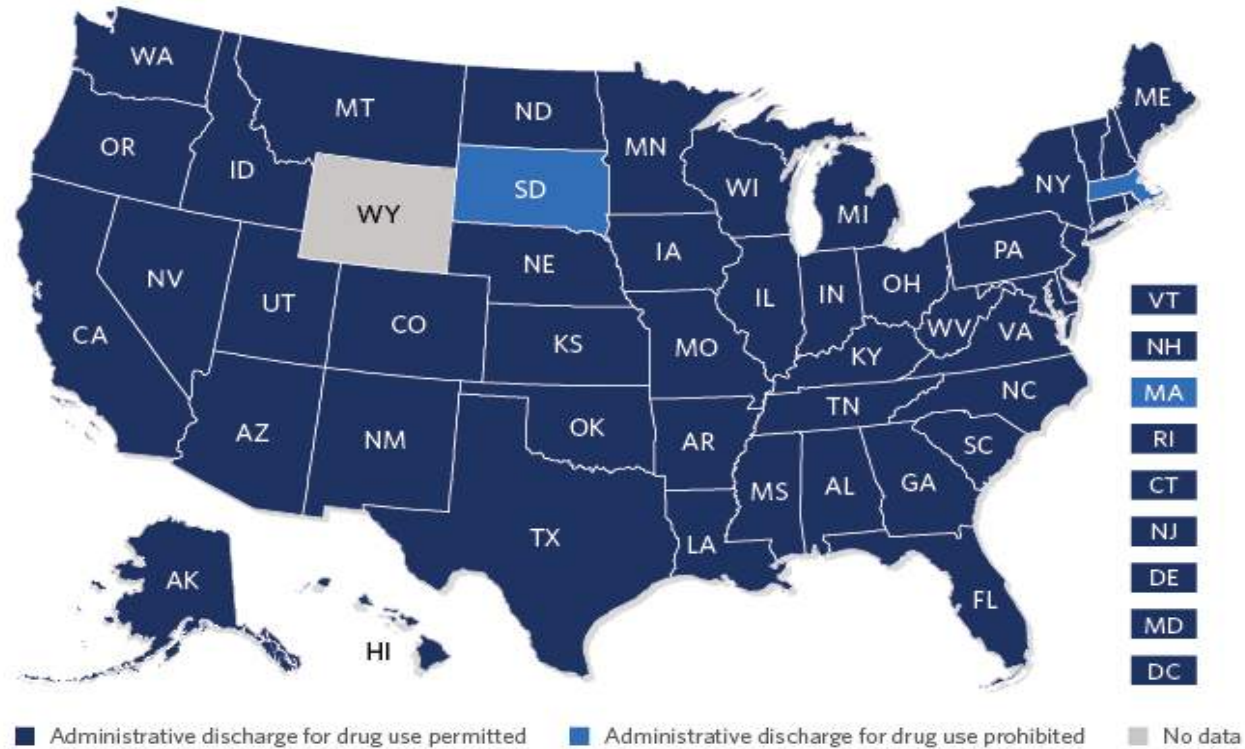
COVID-19 relaxed rules regarding required DATA-waivered required training.



Figure 12

## Terminating Care Because of Continued Drug Use Is Common, Despite Being Against Federal Guidelines

Regulations allowing for administrative discharge as of June 1, 2021



[Overview of Opioid Treatment Program Regulations by State](#)  
[The Pew Charitable Trusts \(pewtrusts.org\)](https://www.pewtrusts.org)

Connecticut Medicaid  
SUD ASAM Adult Residential Fees

**SUD ASAM Adult Residential Fees by Level of Care and Total Beds at Address (Flex Beds)**

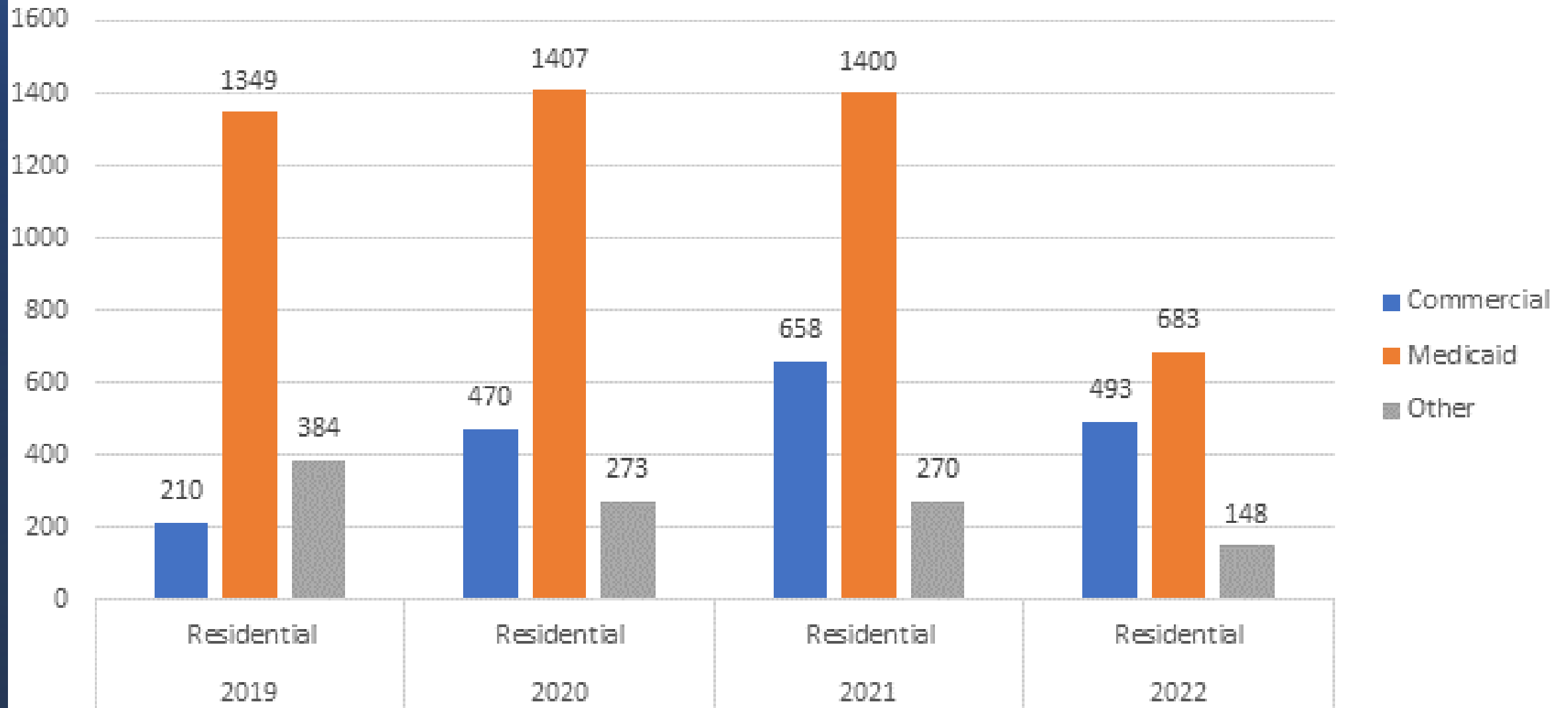
*Treatment Component (Medicaid Reimbursable)*

	Total Beds at Location (All Levels of Care)						
	0 - 13 Beds	14 - 24 Beds	25 - 44 Beds	45 - 64 Beds	65 - 94 Beds	95 - 149 Beds	150 - 200 Beds
ASAM 3.1	\$ 342.21	\$ 194.73	\$ 161.82	\$ 152.88	\$ 152.88	\$ 152.88	\$ 152.88
ASAM 3.3	\$ 381.31	\$ 233.87	\$ 196.04	\$ 196.04	\$ 196.04	\$ 196.04	\$ 196.04
ASAM 3.5	\$ 456.21	\$ 267.75	\$ 226.28	\$ 210.76	\$ 202.83	\$ 200.80	\$ 192.12
ASAM 3.5 PPW	\$ 456.21	\$ 267.75	\$ 226.28	\$ 210.76	\$ 202.83	\$ 200.80	\$ 192.12
ASAM 3.7R	\$ 492.16	\$ 409.38	\$ 319.39	\$ 319.39	\$ 319.39	\$ 319.39	\$ 319.39
ASAM 3.7RE	\$ 485.00	\$ 485.00	\$ 485.00	\$ 485.00	\$ 485.00	\$ 485.00	\$ 485.00
ASAM 3.2WM	\$ 252.52	\$ 252.52	\$ 252.52	\$ 252.52	\$ 252.52	\$ 252.52	\$ 252.52
ASAM 3.7WM	\$ 512.90	\$ 512.90	\$ 451.20	\$ 451.20	\$ 451.20	\$ 451.20	\$ 451.20

*Room and Board Component (Non-Medicaid Reimbursable)*

	Total Beds at Location (All Levels of Care)						
	0 - 13 Beds	14 - 24 Beds	25 - 44 Beds	45 - 64 Beds	65 - 94 Beds	95 - 149 Beds	150 - 200 Beds
ASAM 3.1	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.3	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.5	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.5 PPW	\$ 78.85	\$ 75.80	\$ 65.18	\$ 65.18	\$ 65.18	\$ 65.18	\$ 65.18
ASAM 3.7R	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.7RE	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.2WM	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.7WM	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31

## SUD Residential Admissions by Primary Insurance by Calendar Year



# Treatment Work Group

## Treatment: Goals

- Sustainable services
  - Increase Medicaid reimbursement rates
- Reduce stigma and increase engagement
  - SUD building repairs
  - Increase admissions for underserved BIPOC communities
- Retain and build the SUD Workforce
  - Hiring and retention bonuses
- Pain management and effective treatments
- Identifying Skilled Nursing home issues related to MOUD
- Addressing barriers/rules/policies that affect admission and retention in care.

Barrier #1-Inequality in accessing buprenorphine and why are fewer BIPOC members utilizing methadone

# Recovery Highlights

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# Governor's Overdose Task Force Recovery Work Group

## *2022 in Review and Successes*

George O'Toole, BS, CPRS

Community Co-Chair, Task Force Recovery Work Group

Manager of Recovery Support Services, East Bay Recovery Center





# Changes in Work Group Administration



## Common Topics

Reducing stigma

- Workforce development for peer recovery specialists (PRS)
  - Increase in salaries/support
  - Grief and trauma counseling
  - Training and certification
- Expanding/restructuring recovery housing including additional National Alliance for Recovery Residences (NARR) levels and/or Oxford housing
- Reducing barriers to recovery
  - Expungement of past convictions and/or evictions
- Rally 4 Recovery and International Overdose Awareness Day

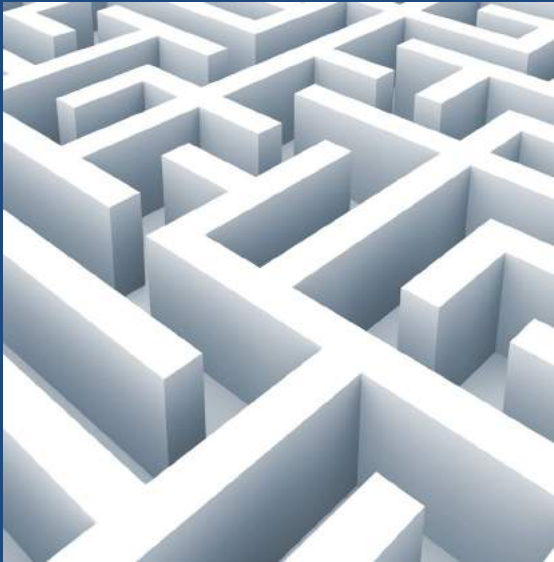
# Problem Identification Solution

- Recovery Work Group minutes from February 2022
  - Membership indicated a need for funding for individuals experiencing barriers to recovery such as court fines, lack of transportation, experiencing housing, and/or food instability, etc.

**RESULT:** Established emergency financial assistance funding through Rhode Island's Opioid Settlement funding.

Implementation is by several vendors including:

- Recovery community centers
- Mobile harm reduction outreach teams,
- BH Link
- Non-police crisis response pilot program (CAHOOTs)



# Problem Identification Solution

Recovery Work Group notes from June 2022

- Membership indicated that recovery housing funding shouldn't be for 365 continuous days with no additional support for reoccurrences or future readiness.

**RESULT:** Established a six-month booster award for those whose one year of funding had lapsed as a temporary measure.

- This went into effect on 9/1/2022.
- This is paying for 178 individuals as of November 2022.
- 40% of those individuals on the booster award identified cocaine, heroin, fentanyl, or methamphetamine as their primary substance of use.



# Future Planning

Members asked for some in-person meetings in 2023

Continue focus on supporting PRS with training, grief/trauma counseling, and supervision support to reduce the workforce shortage

Continue expanding recovery housing options and increasing quality once the pool of providers is increased

# Contact Information



- Presenter: George O'Toole  
[gotoole@ebcap.org](mailto:gotoole@ebcap.org)
- If you would like to be added to the Task Force Recovery Work Group listserv for future meetings, please e-mail [Candace.Rodgers@bhddh.ri.gov](mailto:Candace.Rodgers@bhddh.ri.gov)

# Public Comment

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**RHODE  
ISLAND**



# Upcoming Holiday Events

**RHODE  
ISLAND**






# CHRISTMAS TOY DRIVE

TO BENEFIT  
AIDS CARE OCEAN STATE

**MONDAY  
DECEMBER 19TH**

JOIN YOUR FRIENDS AT THE  
ALLEY CAT AND DARK LADY  
AS WE CELEBRATE THE HOLIDAY SEASON!  
BRING AN UNWRAPPED TOY  
OR GIFT CARD TO BRIGHTEN  
A CHILD'S HOLIDAY.

[WWW.AIDSCAREOS.ORG](http://WWW.AIDSCAREOS.ORG)



Scan Code To Donate



Free Admission with toy or \$5 Cover



Stephen Hogan's



TO DONATE  
SCAN QR CODE

*Friday, December 2nd 9pm to 2am*

Bring a NEW & UNWRAPPED TOY or GIFT CARD  
for a boy or girl ages 10 -15 years old  
Donations can be made at the  
Providence Eagle from 11/22 to 12/19

Proceeds to benefit AIDS Care Ocean State - [aidscareos.org](http://aidscareos.org)



*124 Snow Street Providence, RI*

